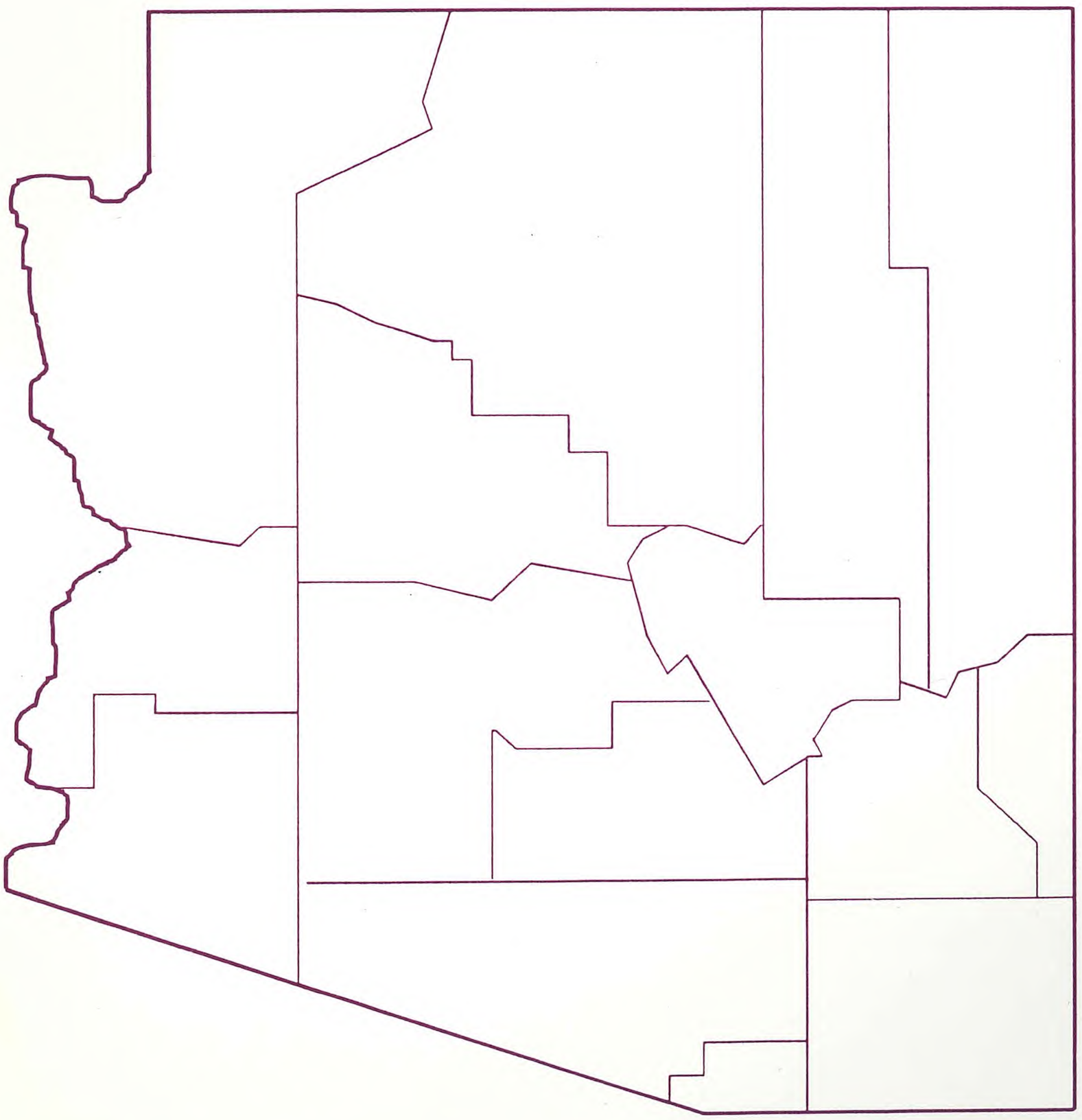
ARIZONA STATE HOSPITAL
ADVISORY BOARD ANNUAL REPORT
CALENDAR YEAR 1993



ARIZONA STATE HOSPITAL

ADVISORY BOARD REPORT

CALENDAR YEAR 1993

The Honorable Fife Symington
Governor
State of Arizona

Paula Garner
Chairperson
Arizona State Hospital
Advisory Board

ARIZONA STATE HOSPITAL ADVISORY BOARD

May 2, 1994

The Honorable Fife Symington
Governor of the State of Arizona
1700 West Washington Street
Phoenix, Arizona 85007

Dear Governor Symington:

As Chairperson of the Arizona State Hospital Advisory Board, I am pleased to present the Arizona State Hospital Advisory Board Annual Report for Calendar Year 1993. This report has been prepared in accordance with Arizona Revised Statute §36-217.

Calendar Year 1993 has been one of continued efforts by the Board to provide oversight and to assist the administration of the Arizona State Hospital in achieving those goals to which they are dedicated. The state-wide delivery of service system for the mentally ill citizens has continued to mature through the identification of needed services and the development of programs to meet those needs. Through legislative commitment and financial support, development of comprehensive, therapeutic treatment services will continue, resulting in a responsive mental health service system.

On behalf of the Arizona State Hospital Advisory Board, I take this opportunity to express our sincere appreciation of your continued support of the Arizona State Hospital, Behavioral Health Services, and the Arizona Department of Health Services. Significant changes and associated difficulties were experienced during this past year, but the Board is confident continued energies and resources will be expended to achieve an improved delivery system for mental health services.

The membership of the Arizona State Hospital Advisory Board will continue to serve as your appointed advocacy group to ensure quality care and treatment for those special mentally ill individuals in need.

Sincerely,

Paula Garner

Paula Garner, Chairperson
Arizona State Hospital
Advisory Board

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MESSAGE FROM THE CHAIRPERSON

The Arizona State Hospital Advisory Board has continued to provide leadership consultation, oversight, and advocacy for the hospital. As Chairperson of the Advisory Board, it is my privilege to thank all of the individuals who participated in services and projects to improve the clients' standards of care, treatment and living.

Throughout the year, hospital personnel have continued to provide the needed services for the clients and have endeavored to develop innovative programs and methods to improve conditions for the clients despite physical plant renovations and the financial restrictions imposed on all state services.

The Advisory Board and hospital personnel have continued to strive to improve the quality of life for those individuals requiring specialized mental health services and have continued to support the special legislative interest in the condition of the hospital's physical environment. With continued interest and support, each year will result in significant changes and improvements in the hospital and the health care systems serving the mentally ill throughout the state.

The Advisory Board members look forward to another challenging but rewarding year for the Arizona State Hospital and we will continue to provide advocacy for the mentally ill individuals who so desperately need our support.

Sincerely,

Paula Garner

Paula Garner, Chairperson
Arizona State Hospital
Advisory Board 1993

Discharge Statistics:

The hospital discharged 844 clients during this calendar year. The average monthly discharge rate was 70.5, ranging from a high of 94 in April to a low of 56 in February [Exhibit #4].

Clients discharged with hospital lengths of stay from 1-30 days accounted for 44 (5.2%) of the discharges. Clients with lengths of stay from 31-180 days accounted for 541 (64.1%) of the discharges, those with lengths of stay from 181-365 days accounted for 128 (15.2%), those with lengths of stay from 1 - 5 years accounted for 99 (11.7%), and those with lengths of stay greater than 5 years accounted for 32 (3.8%). Exhibit 10 provides detailed data for length of stay for client discharge during Calendar Year 1993.

EXHIBIT #10

LENGTH OF STAY FOR DISCHARGE

LENGTH OF STAY	NUMBER	PERCENTAGE
Less than 7 days	1	0.1%
7 - 13 days	4	0.5%
14 - 20 days	11	1.3%
21 - 30 days	28	3.3%
31 - 60 days	148	17.5%
61 - 90 days	164	19.4%
91 - 180 days	229	27.1%
181 - 365 days	128	15.1%
1 - 2 years	57	6.8%
2 - 3 years	25	3.0%
3 - 4 years	11	1.3%
4 - 5 years	6	0.7%
5 - 6 years	2	0.2%
6 - 7 years	2	0.2%
7 - 8 years	4	0.5%
8 - 9 years	4	1.5%
9 - 10 years	3	0.4%
10+ years	17	2.0%
TOTAL	844	100.0%

Although clients with lengths of stay under 365 days accounted for the vast majority of the discharges (713), concentrated efforts were expended in discharging the thirty-two (32) clients who had been hospitalized greater than five years. Of these thirty-two (32), seventeen (17) clients with lengths of stay greater than ten years were discharged to alternative placement.

FORWARD

Continued efforts have been put forth this calendar year in determining and planning the future role of the Arizona State Hospital within the state-wide mental health system. This role, much of which is dictated by the implementation of the "Blueprint," will be to provide specialized services for the seriously mentally ill individuals and "rightsizing" the client census of the hospital. Through a cooperative effort with the Office of Seriously Mentally Ill, Behavioral Health Services (BHS), and the Regional Behavioral Health Authorities (ReBHA), clients at the hospital not requiring specialized services were identified, evaluated, and discharge placement plans for each individual developed. It is anticipated that this cooperative effort will lead to a declining hospital client census with discharged clients receiving needed services through community-based service providers. This continued effort should ultimately result in improved, cost effective treatment while adequately preserving and utilizing limited resources.

The hospital and Behavioral Health Services has determined the hospital client census should be reduced to a maximum of 330 which would include: (1) a specialized Behavior Management Program for approximately 150 clients; (2) a specialized General Adult Program for approximately 150 clients; and (3) a specialized Youth Services Program for approximately 30 clients. Through reducing the hospital client census, the state appropriations used to operate the hospital would be reduced and the savings reverted back to Behavioral Health Services, ADHS, for utilization in needed community-based services.

Through the extensive efforts of hospital administration, the Medical Staff, clinical personnel, support personnel, and a hospital-wide commitment to the concept of total quality management, significant progress in the care and treatment of clients continued. The hospital continued to meet the increasingly more difficult quality standards established by surveying agencies. The hospital successfully completed a full survey by the Joint Commission on Accreditation of Healthcare Organizations which resulted in a full three-year accreditation status and successfully completed a survey by the Health Care Financing Administration, Medicare Certification, which resulted in a one year certification.

This report is dedicated to the personnel of the hospital, Behavioral Health Services, and the Arizona Department of Health Services who are dedicated to serving the mentally ill and to the hospital volunteers and concerned Arizona citizens who have given their time and talents to improve the quality of life for clients at the Arizona State Hospital.

I. THE ARIZONA STATE HOSPITAL ADVISORY BOARD

The Advisory Board adopted the following "Mission Statement" to provide long-range guidance and direction for Board activities.

ARIZONA STATE HOSPITAL ADVISORY BOARD MISSION STATEMENT
The Arizona State Hospital Advisory Board is dedicated to assure that the psychological/ psychiatric, emotional, physical, economic, financial and spiritual needs of the clients are met by staff during the clients stay in the hospital.

Additionally, the Board is committed to advising the Associate Director of Behavioral Health Services and the Chief Executive Officer/Superintendent of the Arizona State Hospital in the development, implementation, achievement and evaluation of goals, as well as communicating special hospital or client needs directly with the Office of the Governor.

Membership

In accordance with House Bill 2191 and the Arizona Revised Statutes §36-217 , the Arizona State Hospital Advisory Board is composed of the following thirteen members appointed by the Governor:

Four members from families of current or former clients at the state hospital;

One member who is not a licensed health care provider pursuant to Title 32 and who is not an employee of a health care institution;

One attorney licensed to practice law in this state pursuant to Title 32, chapter 2;

One former juvenile court judge or commissioner;

One former superior court judge or commissioner;

One member from a public fiduciary;

One physician who is not a psychiatrist and who is licensed to practice in this state pursuant to Title 32, Chapter 13 or 17;

One member from the corporate industry;

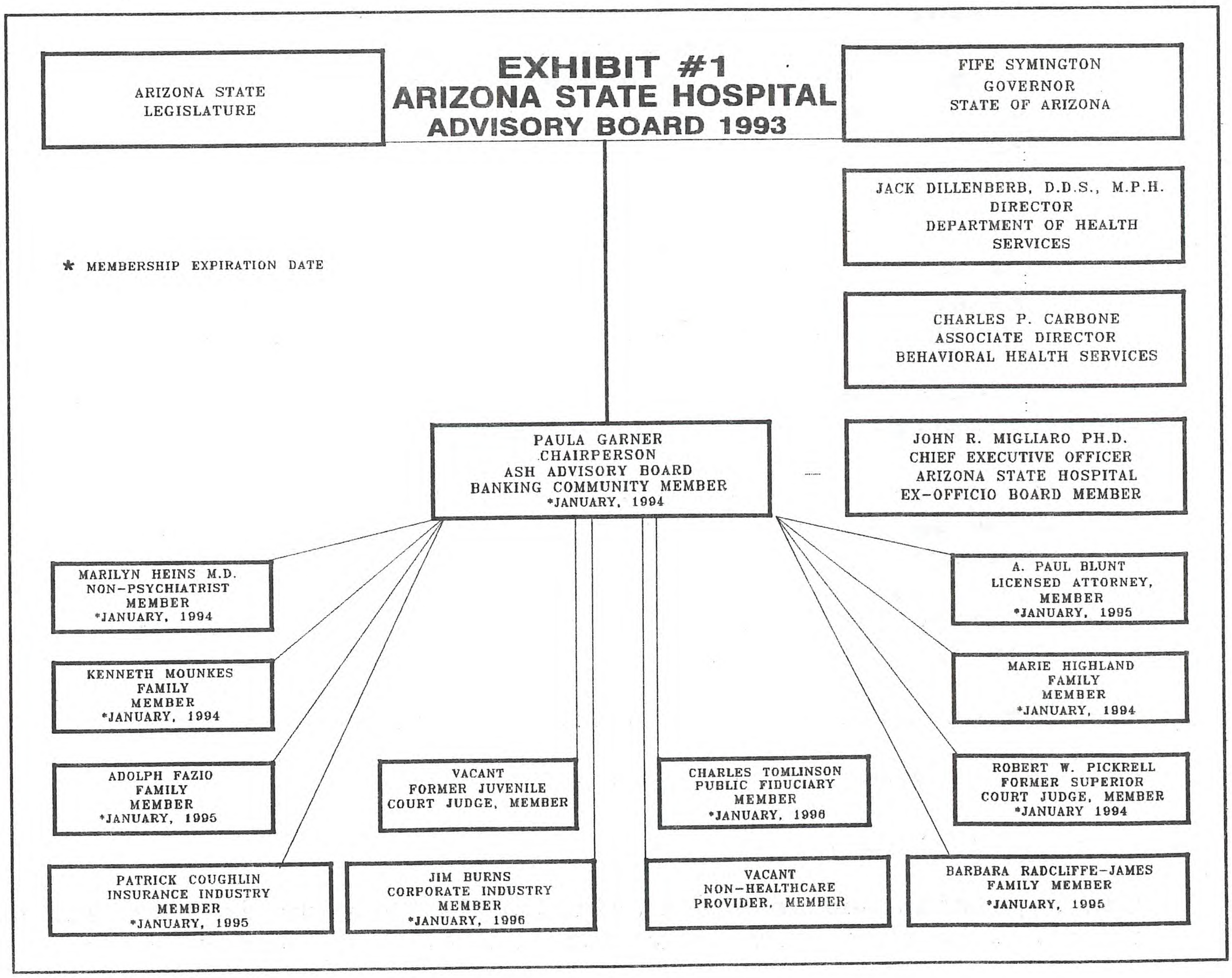
One member from the banking community; and

One member from the insurance industry.

The Advisory Board began Calendar Year 1993 with two vacancies - (1) a former Superior Court judge member and (2) a public fiduciary member. Throughout the year the Board membership changed due to expiration of appointments, illnesses of members, and new member appointments by the Governor.

The Board ended the calendar year with two vacancies - (1) a former Juvenile Court judge member and (2) a non-healthcare provider member. The Board's membership at the end of Calendar Year 1993 is depicted in Exhibit #1.

EXHIBIT #1
ARIZONA STATE HOSPITAL
ADVISORY BOARD 1993



Legislative Mandate

The legislative mandate creating the Arizona State Hospital Advisory Board continues to require the production of an annual report to address:

1. the extent to which the state hospital is meeting the needs of the clients;

2. the extent to which the state hospital is effectively participating in the behavioral health continuum of care;

3. legislative recommendations (legal/statutory requirements) for the state hospital; and

4. budget (summary) recommendations for the state hospital.

During Calendar Year 1993, a "sunset review" of the Advisory Board's functions was completed by the Legislature to determine whether or not to continue the Board's activities. Based on the results of that review, the Joint Legislature Committee approved the Board's continuance for an additional ten (10) years. The Legislature will vote on the Committee's recommendation during the 1994 session.

II. MEETING THE NEEDS OF THE CLIENTS

The Arizona State Hospital is provided overall direction and supervision by John R. Migliaro, Ph.D., Chief Executive Officer/ Superintendent. The hospital's organizational structure is divided into two components - clinical services and administrative services.

Clinical Services

Clinical Services, under the clinical direction of the Medical Director, include the following:

- Medical Staff Services:

  Department of Psychiatry
  Medical Staff Consultants
  Utilization Review
  Dental Services
  Infection Control Services
  Department of Medicine
  Medical Staff Committees
  Legal Services
  Employee Health Services

- Nursing Services

- Psychology Services

- Social Work Services

- Education and Rehabilitation Services:

  Patient Education
  Recreational Therapy
  Staff Training and Education
  Chaplaincy Services
  Speech and Language Services
  Occupational Therapy
  Physical Therapy
  Volunteer Services
  Libraries - Client and Medical

- Quality Resource Management Services

<u>Medical Staff Services</u>

Medical Staff Services, through the clinical leadership of the Medical Director, consists of licensed psychiatrists who are assigned to specific treatment programs and units. One psychiatrist on each program is identified as the program director and is responsible for the overall development of the program. Non-psychiatric physicians (family practitioners and internists) are assigned to specific treatment programs and/or treatment units while consultive physicians provide specialized psychiatric and medical care. Other specialized services provided through Medical Staff Services include dental services, infection control services, employee health services, selected legal services, and utilization review.

Nursing Services

Nursing Services, through the leadership of the Nurse Executive Officer, consists of licensed nursing personnel and paraprofessional staff who provide milieu therapy, nursing services and general client supervision in the various treatment programs on a 24-hour-a-day basis.

Psychiatric Nurse Managers are assigned to specific treatment units to provide direct supervision of all nursing personnel assigned to that unit.

Psychology Services

Psychology Services, through the leadership of the Director of Psychology Services, consists of licensed psychologists, psychology interns, and paraprofessional staff who provide assessment, individual and group psychotherapy and consultation on a referral basis from the attending physician.

Social Work Services

Social Work Services, through the leadership of the Director of Social Work Services, consists of hospital social service representatives and supervisors who are assigned to the specific treatment program to provide social work services support. Social Work Services personnel are responsible for addressing the psychosocial needs of clients and their families through a psychoeducational approach in problem-solving strategies. Integrating the client's treatment and discharge plan with the individual service plan developed in conjunction with the appropriate community behavioral health service representative is a primary goal for hospital social service representatives.

Education and Rehabilitation Services

Education and Rehabilitation Services, through the leadership of the Director of Education and Rehabilitation, includes special education services for adolescents and children; occupational therapy; recreational therapy; speech/language/hearing therapy; physical therapy; and the clients' Vocational Training Program. Staff training and education are provided for the hospital personnel as well as community mental health professionals. Library Services include both client and medical libraries. An interdenominational Chaplaincy Services consists of representatives of Protestant, Catholic, and Jewish ministries who provide religious services, pastoral counseling, and staff education including an annual Clergy Day Conference open to religious leaders in the community.

Volunteer Services at the hospital provides many direct client services and assists with recreational activities, a horticulture program, a clothing store, and opportunities for clients to participate in community activities.

Quality Resource Management Services

Quality Resource Management Services, through the leadership of the Director of Quality Resource Management, is responsible for monitoring and evaluating the quality of client care, monitoring opportunities to improve client care, monitoring clients' medical records related to quality care issues, and for supporting each service area in the development and implementation of continuous quality improvement.

Additionally, utilization review activities are conducted to monitor the appropriateness and medical necessity for admission, continued hospitalization and discharge of clients. The results of these monitoring activities are reported to the Medical Director and the Medical Staff.

The hospital has adopted the guiding quality management principle that the entire hospital, from the Governing Body through direct client care providers, will be committed to the effort to continually improve client care.

Treatment Programs and Units

The direct client clinical services of psychiatry, medicine, nursing, psychology, social work, and education and rehabilitation are provided through treatment programs which are subdivided into treatment units designed to deliver required treatment services. The client treatment programs and treatment units are as follows:

The General Adult Program (GAP)

Units: Kachina 1, Kachina 2, Wick 2

The General Adult Program serves as the primary reception and admission area for adult clients and is designed to provide diagnostic and assessment services as well as short-term treatment services (average length of stay two months or less). The General Adult Program clients usually have less institutional experience but more characterologic disturbances and higher incidents of drug abuse or legal involvement. Major treatment modalities include psychotropic medication and group or individual psychotherapy focusing on acceptance of treatment and specific discharge plans.

Patients also participate in the development of personal goals, vocational rehabilitation, chemical dependency intervention, intensive preparation for community reintegration and aftercare, leisure and recreational activities, physical care, and reality therapy as needed.

While Kachina 1 is primarily a secure treatment unit with limited off-unit privileges granted to clients, Kachina 2 is a "semi-open" unit with many clients having full grounds privileges and Wick 2 is an open unit utilizing an active therapeutic community approach to care.

The Psychosocial Rehabilitation Program (PRP)

Units: Encanto Pilot Project and Juniper 10

The Psychosocial Rehabilitation Program serves as the primary treatment program for clients with chronic, less refractory mental disorders. Most clients in this program will require a moderate period of hospitalization (average length of stay approximately 5 - 6 months). Clients tend to have more hospitalizations and require more structured aftercare.

Major treatment modalities include psychotropic medications, psychotherapy to develop insight into reasons for admission, occupational therapy, recreational therapy and chemical dependency interventions.

The Encanto Pilot Project began July 1, 1993, in coordination with ComCare, the Regional Behavioral Health Authority serving Maricopa County. Effective July 1, hospital clients who had a community residence within specific geographical boundaries identified by ComCare were selected for the Encanto Pilot Project. This project utilizes a new approach to providing client treatment within the hospital wherein the hospital unit coordinates client treatment with a specific community treatment team. The goal of this pilot project is to improve the process of transitioning the client's return to community-based treatment and services.

Juniper 10 serves as the secure treatment unit for the PRP Program and the Encanto Pilot Project as a "semi-open" unit.

The Extended Care Program (ECP)

Units: Juniper 1, Juniper 2, Juniper 4

The Extended Care Program serves as the primary treatment program for seriously mentally ill clients who require an extended period of hospitalization (average length of stay approximately 24 months). Treatment emphasis is placed on the activities of daily life skills (e.g. hygiene, dressing, eating) since many clients suffer from coexistent organic mental disturbances.

Treatment modalities include medications, reality orientation group, current events group, structured unit activities, leisure planning and recreational therapy.

Each of these treatment units is designed to provide a safe and secure environment for the clients; therefore, access to off-unit activities is based on the individual client's functioning level.

The Geropsychiatry Program (GPP)

Units: Juniper 3 and Granada

The Geropsychiatry Program serves as the primary treatment program for older adult clients with serious mental illness (over 55 years of age) with special needs. Families are involved in placement planning and receive assistance with bereavement, loss acceptance and coping skills.

Primary treatment modalities include supportive care, psychotropic medication, self-care skills, reminiscence groups, community orientation, current events and unit community meetings. Specialized groups in music and art therapy, gardening, cooking and nutrition, and reality orientation are also provided. Medical care is also a vital treatment modality for this population.

The treatment units provide a safe, secure environment for the clients with limited off-unit access due to the severely disabling mental disorders of most of the clients. Off-unit access to various activities is arranged on an individual basis.

The Behavior Management Program (BMP)

Units: Cholla, Wick 1

The Behavior Management Program serves as the primary treatment program for seriously mentally ill clients with a potential for violent or dangerous behavior, clients with a high escape risk, and clients with legal requirements on placement (determination of competency to stand trial or commitment for treatment after being found not guilty by reason of insanity). Most clients require a moderate to extended period of hospitalization (average length of stay approximately 12 months).

Treatment modalities include psychotropic medications, psychotherapy focusing on participation with treatment, interpersonal skills training, personal care and rehabilitation, and specific discharge planning. Intensive liaison for community reintegration and aftercare treatment, leisure and recreational activities, reality focusing and modification of pathologic behaviors are also important components of care.

Both Cholla and Wick 1 provide a secure environment for the client and limited off-unit privileges are granted on an individual basis.

The Youth Services Program (YSP)

The Youth Services Program serves as the admission, assessment and treatment program for youth (6 through 17 years of age) requiring care as a result of a substantial mental disorder (average length of stay approximately 5 months).

Major treatment modalities include individual, group and family therapy, academic rehabilitation, occupational, recreational, and speech/hearing therapy, and psychotropic medication, as appropriate. Aftercare planning for the client and family is an essential component of treatment. Active liaison between hospital personnel and community service providers also exists to assist families and community service providers in client placement and treatment referrals.

The treatment unit provides a safe, secure environment for the clients. Clients are given off-unit privileges based on their behavioral functioning level and ability to accept personal responsibility.

"Treatment Units at Arizona State Hospital" by treatment program/treatment unit organization ending Calendar Year 1993 is depicted in Exhibit #2.

EXHIBIT #2
TREATMENT UNITS AT ARIZONA STATE HOSPITAL

GENERAL ADULT PROGRAM	PSYCHOSOCIAL REHABILITATION PROGRAM	EXTENDED CARE PROGRAM	GERO-PSYCHIATRY PROGRAM	BEHAVIOR MANAGEMENT PROGRAM	YOUTH SERVICES PROGRAM
KACHINA 1 (ADM & EVAL)	JUNIPER 5	JUNIPER 1	JUNIPER 3	CHOLLA	ATU
KACHINA 2	ENCANTO	JUNIPER 2	GRANADA (MEDICAL)	WICK 1	CTU
WICK 2		JUNIPER 4			

Administrative Services

Administrative Services, under the direction and supervision of the Chief Operating Officer, include the following:

- Medical Record Services
- Ancillary Services:

  Fiscal Services
  Personnel Services
  Radiology Services
  Laboratory Services
  Patient Finance Services
  Security Services
  Pharmacy Services

- Support Services:

  Dietetic Services
  Safety Management Services
  Groundskeeping Services
  Engineering Services
  Environmental Services
  Telecommunications Services

- Hospital Information Services:

  Data Control Services
  Policies and Procedures
  Project Control Services
  Hospital Information Services

Medical Records Services

Medical Records Services is responsible for the general maintenance of the clients' medical records, both current and historical, for monitoring specific medical record standards, and for providing the secretarial pool to transcribe various clinical client reports.

Ancillary Services

Ancillary Services is responsible for the operation of the hospital through monitoring the allocated budget, providing clients with limited finance services, and for providing the hospital's security services. Personnel Services is responsible for coordinating the hiring of employees, providing the initial introduction of new employees to the hospital, and maintaining employee personnel records. Additionally, pharmacy, laboratory and radiology services are provided with each of these services receiving clinical consultation from the Medical Director and/or Medical Staff Committees, as needed.

Support Services

Support Services is responsible for ensuring a safe and therapeutic environment, providing a full range of dietetic services, providing the "day-to-day" needs of the clients, e.g. environmental services, maintenance of both the hospital buildings and the surrounding grounds, and maintenance of the telecommunication systems.

Hospital Information Services

Hospital Information Services is responsible for initiating the clients' medical records at the time of admission, entering required client information into the computerized client data system, computerizing, maintaining, and reporting various hospital data, developing hospital policies and procedures, maintaining special project control, and providing general hospital information as requested by various sources.

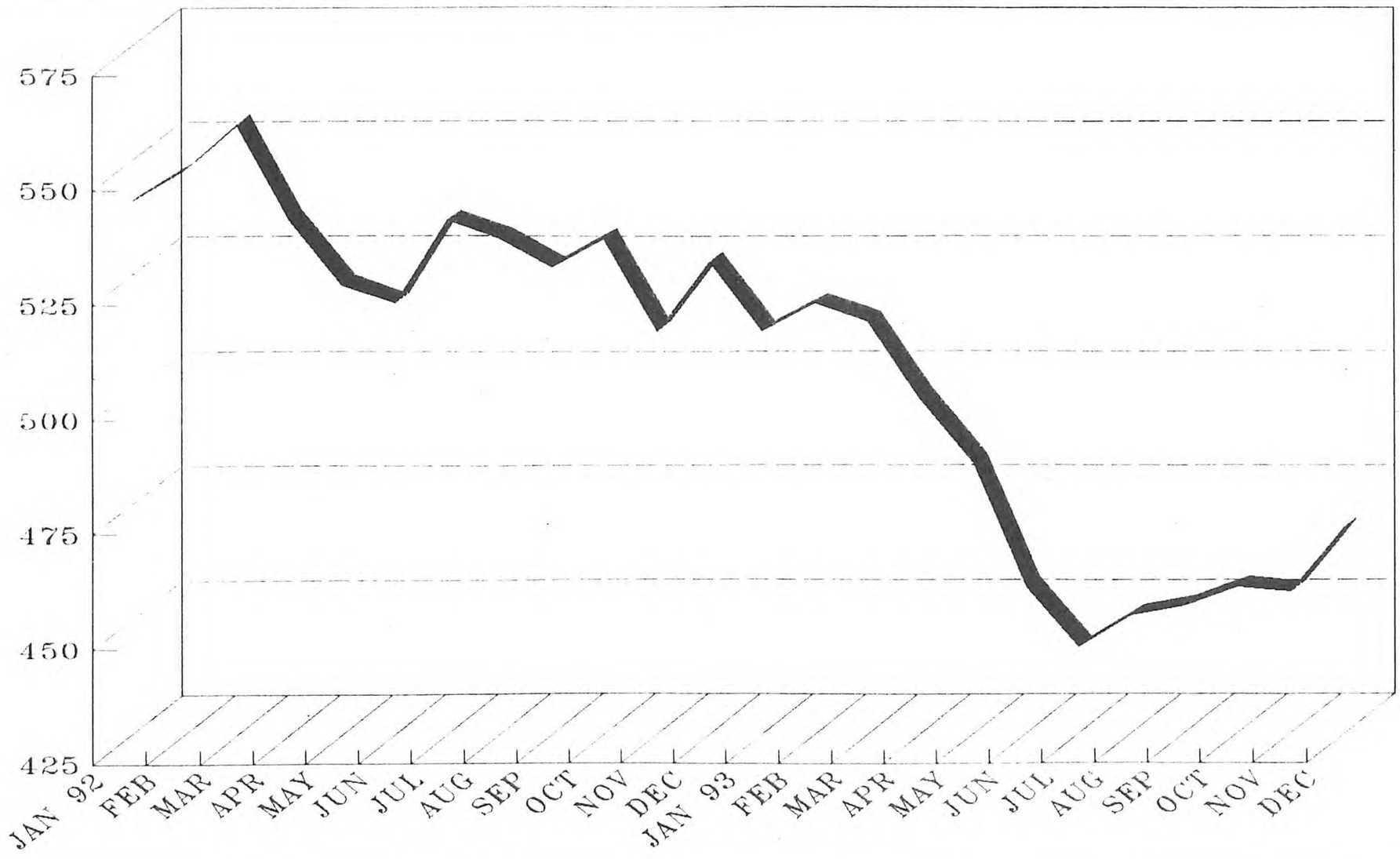
CLIENT DEMOGRAPHICS
and
STATISTICAL SUMMATION

CALENDAR YEAR 1993

The Arizona State Hospital began this calendar year January 1, 1993, with a client census of 528. Throughout the calendar year, the hospital admitted 786 clients, discharged 844 clients, and ended the year December 31, 1993, with a client census of 470, a net decrease of 58 clients. The average daily client census for the calendar year was 476, a decrease of 58 compared to the previous calendar year. The hospital served 1,314 individual clients (unduplicated count), a decrease of 59 compared to the previous calendar year. These clients accounted for a total of 174,519 client days, a decrease of 20,854 days compared to the previous calendar year.

The client end of month census covering Calendar Year 1992 through Calendar Year 1993, is depicted in Exhibit 3.

EXHIBIT #3
END OF MONTH CENSUS

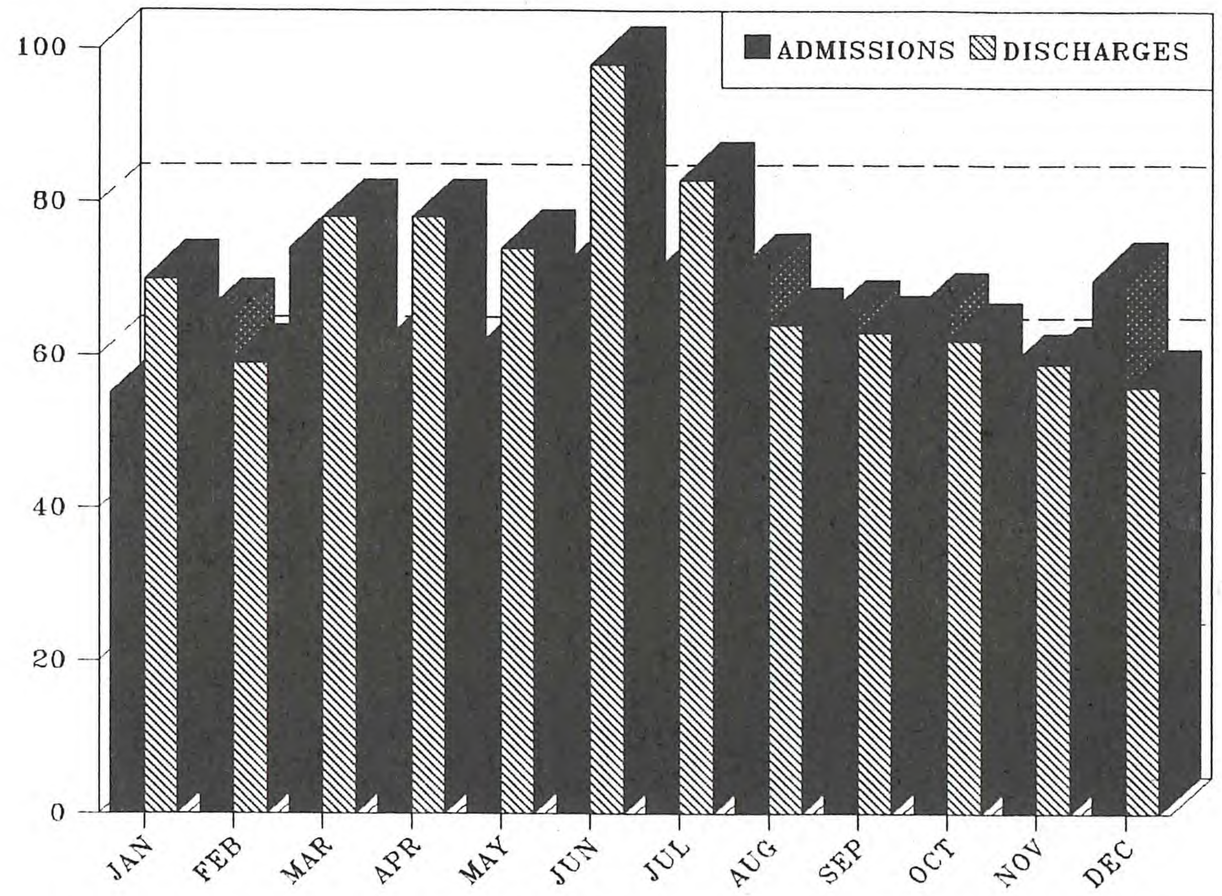


	1992	1993
JANUARY	541	513
FEBRUARY	548	519
MARCH	558	515
APRIL	537	498
MAY	523	484
JUNE	519	457
JULY	537	444
AUGUST	533	451
SEPTEMBER	527	453
OCTOBER	533	457
NOVEMBER	513	456
DECEMBER	528	470

A comparison of admissions and discharges by month for Calendar Year 1993 is provided in Exhibit 4.

EXHIBIT #4

COMPARISON OF ADMISSION AND DISCHARGE RATES FOR CALENDAR YEAR 1993

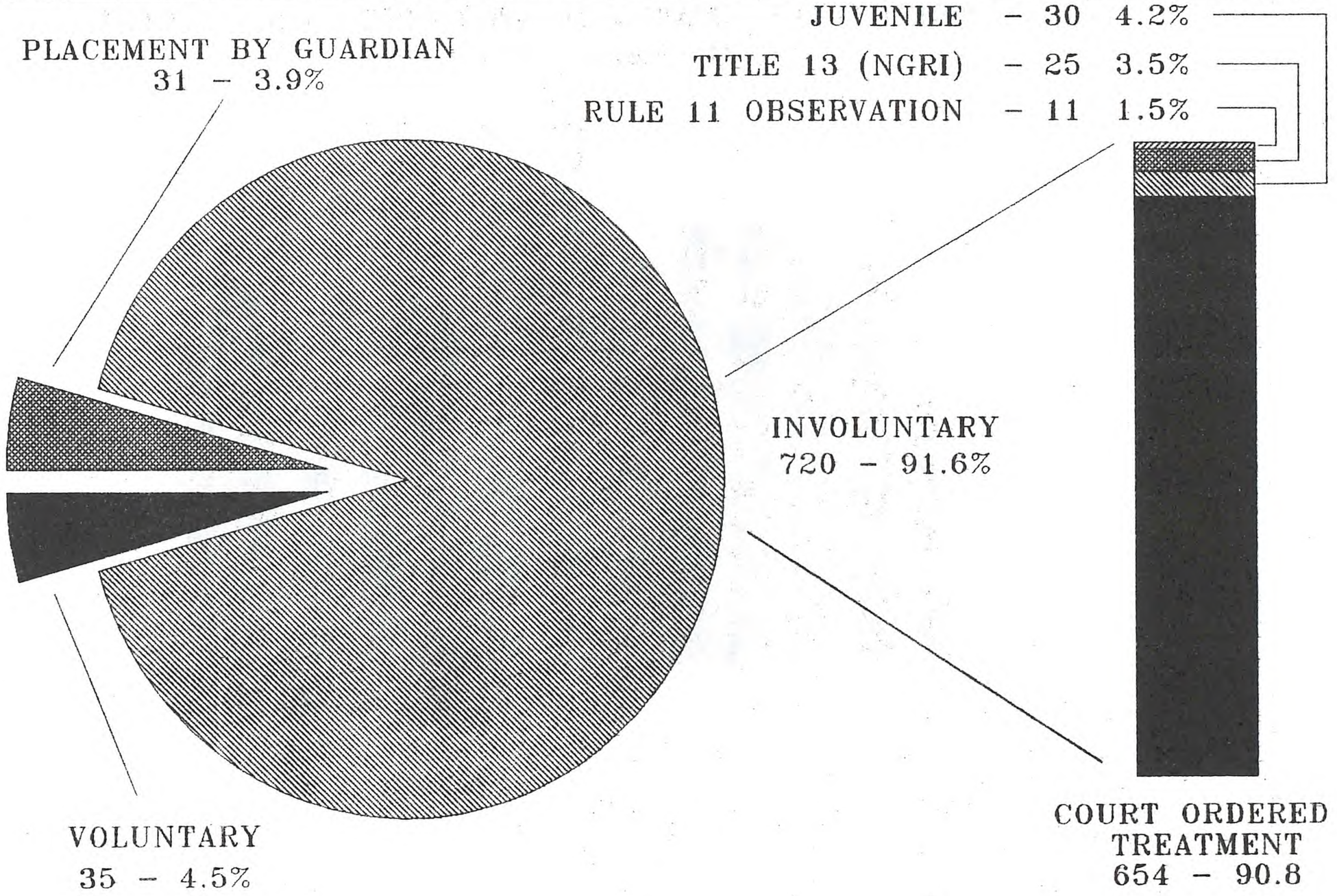


MONTH	ADMISSIONS	DISCHARGES
JANUARY	55	73
FEBRUARY	65	56
MARCH	74	74
APRIL	61	94
MAY	60	75
JUNE	71	70
JULY	70	62
AUGUST	71	66
SEPTEMBER	65	77
OCTOBER	66	63
NOVEMBER	58	70
DECEMBER	70	65
TOTAL	786	845

Admission Statistics:

The hospital admitted 786 clients this calendar year. The average monthly admission rate was 65.5, ranging from a high of 74 in March to a low of 55 in January [Exhibit 4]. Involuntary admissions accounted for 720; voluntary admissions accounted for 35, and admission by guardian accounted for 31. Of the 720 admitted involuntarily, 654 were admitted by court ordered treatment; 30 were admitted through juvenile commitment; 25 were admitted under Title 13 [Not Guilty by Reason of Insanity]; and 11 were admitted under Rule 11 Observation [Exhibit 5].

EXHIBIT #5
LEGAL STATUS AT ADMISSION



The ethnicity, age, and gender distribution of the admissions is indicated in Exhibit #6. This data has remained relatively constant over the past three calendar years. Individuals admitted to the hospital were primarily between the ages of 18-64 (667 or 85%). Children and adolescents under the age of 18 accounted for 66 (8%) and adults over the age of 65 years accounted for 53 (7%) of the admissions.

EXHIBIT #6

ADMISSIONS BY ETHNICITY, AGE, AND GENDER

Ethnicity	Number	Percentage
White	547	70%
Hispanic	122	15%
Black	75	10%
American Indian	24	03%
Other	18	02%
Total	786	100%

Age	Number	Percentage
Under 12 years	10	01%
12 - 17 years	56	07%
18 - 29 years	196	25%
30 - 39 years	220	28%
40 - 64 years	251	32%
65+ years	53	07%
Total	786	100%

Gender	Number	Percentage
Male	479	61%
Female	307	39%
Total	786	100%

Maricopa County continued the historic trend of having the highest number of admissions by county with 636, a decrease of 38 admissions compared to the previous calendar year; Pima County accounted for 55 of the admissions, an increase of 14 compared to the previous calendar year; and Gila County accounted for 24, an increase of 10 compared to the previous calendar year. It is important to note that not all clients admitted through a county are actually a client of the admitting county but may be, in fact, a client of a neighboring county, e.g. Maricopa County had 14 admissions and Gila County had 6 admissions of individuals who were clients of other counties [Exhibit #7].

The hospital's recidivism rate increased slightly from 20.4% in Calendar Year 1992 to 21.5% in Calendar Year 1993.[1] Recidivism is defined as the readmission of a client who was discharged from the hospital within 180 days prior to readmission. This rate has remained fairly constant throughout recent calendar years, ranging from 19% to 22%.

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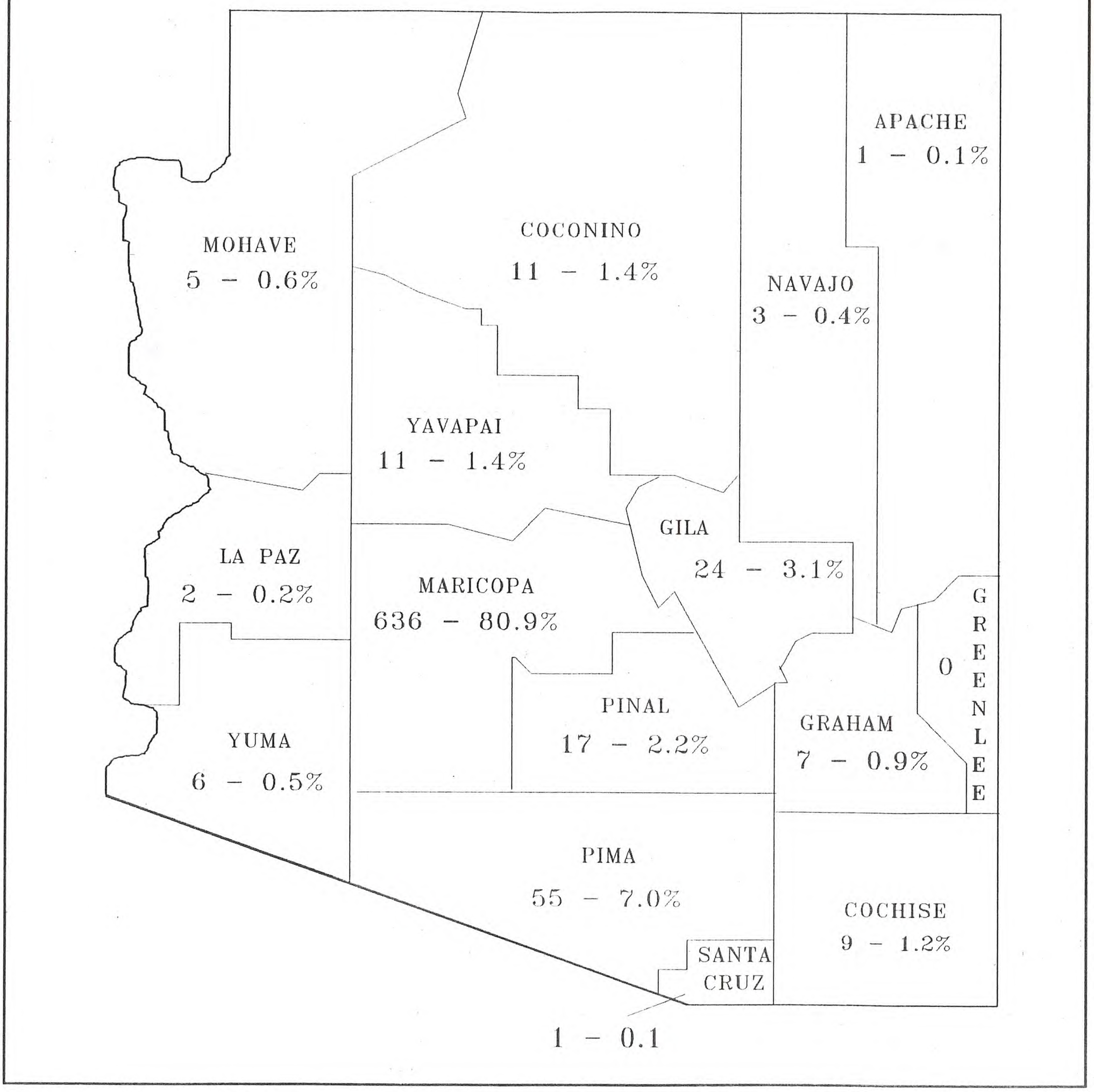
[1]The recidivism rates presented are determined by dividing all of the fiscal year readmissions with lengths of stay out of the Hospital less than 180 days by the total admissions for the fiscal year.

EXHIBIT #7
ADMISSIONS BY COUNTY



Individuals admitted to the hospital for the first time accounted for 327 of all admissions. Readmissions accounted for 292, readmission from combined inpatient/outpatient treatment for 102, and readmissions from conditional discharge for 20 [Exhibit #8].

EXHIBIT #8

ADMISSION TYPE BY COUNTY

COUNTY	FIRST ADMISSION	READMISSION	CONDITIONAL DISCHARGE	RETURN FROM INPATIENT OUTPATIENT	TOTAL	%
Apache	1	0	0	0	1	.1
Cochise	9	0	0	0	9	1.2
Coconino	9	1	0	1	11	1.4
Gila	16	7	1	0	24	3.1
Graham	1	6	0	0	7	.9
Greenlee	0	0	0	0	0	.0
La Paz	1	1	0	0	2	.3
Maricopa	288	233	16	99	636	80.9
Mohave	5	0	0	0	5	.6
Navajo	2	1	0	0	3	.4
Pima	25	28	0	2	55	7.0
Pinal	6	9	2	0	17	2.2
Santa Cruz	0	1	0	0	1	.1
Yavapai	9	2	0	0	11	1.4
Yuma	0	3	1	0	4	.5
Unavailable	0	0	0	0	0	.0
TOTAL:	372	292	20	102	786	
Percentage	47.3	37.2	2.5	13.0		100.0

The number and percent of admissions by diagnostic grouping (client diagnosis at the time of admission) for Calendar Year 1993 indicates the category of schizophrenic disorders accounted for 348 of all admissions and affective disorders accounted for 208 [Exhibit #9]. The number and percent of admissions by diagnostic grouping did not varied significantly compared to the previous calendar year.

EXHIBIT #9

NUMBER AND PERCENT OF ADMISSIONS

BY DIAGNOSTIC GROUPING

CALENDAR YEAR 1993

DIAGNOSTIC GROUPING	No.	%
Schizophrenic Disorders	348	44.3
Affective Disorders	208	26.5
Paranoid States	10	1.3
Dissociative Disorder	0	.0
Obsessive-Compulsive Disorder	1	.1
Other Psychoses	64	8.1
Senile/Presenile Org. Psych. Conditions	11	1.4
Alcoholic Psychoses	1	.1
Other Organic Mental Disorders	22	2.8
Drug Related Disorders	3	.4
Personality Disorders	1	.1
Adjustment Disorders	4	.5
Disturbance of Conduct	10	1.3
Substance Abuse	2	.3
Other	101	12.8
TOTAL	**786**	**100.0%**